

SARAH LAWRENCE COLLEGE

Application Form for Puppet Central

Name : _____

Address: _____

City: _____ State: ____ Zip: _____

Daytime Phone: (____) ____-____ Evening Phone: (____) ____-____

E-mail: _____

Artistic Discipline: _____

Date of Birth: ____/____/____

I would like to receive academic credit

Yes No

Options

Housing Meal Plan Pool

Scholarship

Attached is my request for a partial scholarship

Essays

1. A brief paragraph detailing your interest in puppetry.
2. A brief paragraph describing your past creative work.
3. A brief paragraph describing any related theatrical experience

Fees

Fees submitted upon acceptance

Deadline

Friday, April 11, 2003

Please mail application information and paragraph essays to:

Grant Grastorf, Director of Summer Programs
Office of College Events
Sarah Lawrence College
1 Mead Way
Bronxville, NY 10708

Summer 2003